

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: ComTrans Ambulance Service, Inc CON No. 46

D.B.A. (Doing Business As): ComTrans Ambulance Service Business Phone: 928-445-3814

Financial Records Address: 8465 N Pima Rd City: Scottsdale Zip Code: 85258

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: COO - Glenn Kasprzyk

Report Contact Person: COO - Glenn Kasprzyk Business Phone: 928-445-3814 Ext. _____

Report for Period From: From: January 1, 2015 To: December 31, 2015

Method of Valuing Inventory: LIFO: _____ FIFO: (X) Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc., Envision Healthcare Holdings, Inc.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: Regional Operations and Finance Officer Date: June 30, 2016

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:			551	551
2	Number of BLS Billable Transports:			2,396	2,396
3	Number of Loaded Billable Miles:			17,689	17,689
4	Waiting Time (Hr. & Min.):			-	0
5	Canceled (Non-Billable) Runs:			388	388
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
6	Paramedic and IEMT				0
7	Emergency Medical Technician - B				0
8	Other Ambulance Attendants				0
9	Total Volunteer Hours				0

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	<u>Type of Service</u>	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
1	Number of ALS Billable Transports:	_____	551	551
2	Number of BLS Billable Transports:	_____	2,396	2,396
3	Number of Loaded Billable Miles:	_____	17,689	17,689
4	Waiting Time (Hr. & Min.):	_____	-	0
5	Canceled (Non-Billable) Runs:	_____	388	388

Number

Volunteer Services: (OPTIONAL)

Donated
Hours

6	Paramedic and IEMT	.....	0
7	Emergency Medical Technician - B	.....	0
8	Other Ambulance Attendants	.....	0
9	Total Volunteer Hours	.....	0

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 1,625,809
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	488,534
3	Medicare Settlement	Page 3.1, Line 12	214,414
4	Contractual Discounts	Page 7, Line 22	0
5	Subscription Service Settlement	Page 8, Line 4	0
6	Other (Non-Transport Reserve)	Page 3.1, Line 13	659
7	Total	Sum of Lines 2 through 6	701,607
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	924,202
9	Sales of Subscription Service Contracts	Page 8, Line 8	0
10	Total Operating Revenue	Line 8, plus Line 9	\$ 924,202
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		279,745
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	245,817
13	General and Administrative Expenses	Page 5, Line 20	147,154
14	Cost of Goods Sold	Page 3, Line 15	23,660
15	Other Operating Expense	Page 6, Line 28	55,403
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	24,433
17	Subscription Service Direct Selling	Page 8, Line 23	0
18	Total Operating Expense	Sum of Lines 11 through 17	776,210
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	147,992
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	187
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	187
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	148,179
Provision for Income Taxes:			
25	Federal Income Tax		51,863
26	State Income Tax		7,409
27	Total Income Tax	Lines 25, plus Line 26	59,272
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	88,907

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	551	=	\$ 154,320
		Rate		x No. of Runs		=	0
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	2,396	=	1,137,938
		Rate		x No. of Runs		=	0
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	17,689	=	303,266
		Rate		x No. of Billable Miles		=	0
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=	691
		Rate		x No. of Hours		=	0
5	Medical Supplies (Gross Charges to patients)						28,392
6	Nurses Charges						0
7	Total						1,624,607
8	Standby Revenue (Attach Schedule)						1,202
9	Other Ambulance Service Revenue (Attach Schedule)						0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)					\$	1,625,809

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year		N/A
12	Plus Purchases		
13	Plus Other Costs		
14	Less Inventory at End of Year		N/A
15	Cost of Goods Sold (To Page 2, Line 14)		\$ 23,660 *

* The disposable medical supplies are expensed as used and not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON- SUBSIDIZED PATIENTS	TOTALS
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$	\$ 154,320	\$ 154,320
2	BLS Base Rate .....	.....	1,137,938	1,137,938
3	Mileage Charge .....	.....	303,266	303,266
4	Waiting Charge .....	.....	691	691
5	Medical Supplies (Gross Charges) ....	.....	28,392	28,392
6	Nurses' Charges .....	.....	0	0
7	Total	\$	\$ 1,624,607	\$ 1,624,607
Plus:				
8	Standby Revenue (Attach Schedule) .....	.....	.....	1,202
9	Other Ambulance Service Revenue (Attach Schedule) .....	.....	.....	0
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1) .....	.....	.....	\$ 1,625,809
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$	\$ 486,534	\$ 486,534
12	Medicare Settlement (Post total to Pg 2, Line 3) .....	.....	214,414	214,414
13	Subsidy (Post total to Pg 2, Line 6) .....	.....	.....	0
14	Other: Non-Transport Reserve (Attach Schedule) .....	.....	659	659
15	Total Settlements (Post to Pg 2, Line 7)	\$ 0	\$ 701,607	\$ 701,607

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	AMOUNT
OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ 0
2	Payroll Taxes		0
3	Employee Fringe Benefits		0
4	Total	0.0	0
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	0.1	10,124
6	Payroll Taxes		849
7	Employee Fringe Benefits		1,715
8	Total	0.1	12,687
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Labor Wages)			
9	Gross Wages		
10	Paramedics and IEMT	\$ 16 \$ 46,612	1.4 46,628
11	Emergency Medical Technician (EMT)		4.5 109,161
12	Nurses		0.4 30,236
13	Payroll Taxes		15,601
14	Employee Fringe Benefits		31,504
14	Total	6.4	233,129
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages		
16	Dispatch	0.0	0
17	Mechanics	0.0	0
18	Office and Clerical	0.0	0
19	Other	0.0	0
20	Payroll Taxes		0
21	Employee Fringe Benefits		0
21	Total	0.0	0
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits	6.5	\$ 245,817

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
MANAGEMENT					
1	Gross Wages (Attach Schedule II)	0.1	10,124	100%	10,124
2	Payroll Taxes		849	100%	849
3	Employee Fringe Benefits		1,715	100%	1,715
4	Total	0.1	12,687		12,687
AMBULANCE PERSONNEL					
	Gross Wages (Attach Schedule II)				
5	Paramedics and IEMT	1.4	46,628	100%	46,628
6	Emergency Medical Technician (EMT)	4.5	109,161	100%	109,161
7	Nurses	0.4	30,236	100%	30,236
8	Drivers			100%	0
9	Payroll Taxes		15,601	100%	15,601
10	Employee Fringe Benefits		31,504	100%	31,504
11	Total	6.4	233,129		233,129
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	-	0	100%	0
13	Mechanics	-	0	100%	0
14	Office and Clerical	-	0	100%	0
15	Other	-	0	100%	0
16	Payroll Taxes		0	100%	0
17	Employee Fringe Benefits		0	100%	0
18	Total	-	0		0
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS (Post to Pg 2, line 12)	6.5	245,817		\$ 245,817

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	DESCRIPTION	Basis of Allocations	
1	Gross Wages - MANAGEMENT	All personnel are 100% dedicated to ambulance services.	
2	Payroll Taxes	100% ambulance services.	
3	Employee Fringe Benefits	100% ambulance services.	
4	Total	100% ambulance services.	
		Contractual	Wages
Gross Wages - AMBULANCE PERSONNEL			
5	Paramedics and IEMT		100% ambulance services.
6	Emergency Medical Technician (EMT)		100% ambulance services.
7	Nurses		100% ambulance services.
8	Drivers		100% ambulance services.
9	Payroll Taxes		100% ambulance services.
10	Employee Fringe Benefits		100% ambulance services.
11	Total		100% ambulance services.
Gross Wages - OTHER PERSONNEL			
12	Dispatch	100% ambulance services.	
13	Mechanics	100% ambulance services.	
14	Office and Clerical	100% ambulance services.	
15	Other	100% ambulance services.	
16	Payroll Taxes	100% ambulance services.	
17	Employee Fringe Benefits	100% ambulance services.	
18	Total	100% ambulance services.	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
Professional Service:			
1	Legal Fees	\$	-
2	Collection Fees		29,634
3	Accounting and Auditing		-
4	Data Processing Fees		-
5	Other (Attach Schedule)		734
6	Total	\$	30,369
Travel and Entertainment:			
7	Meals and Entertainment		-
8	Transportation - Other Company Vehicles		-
9	Travel		-
10	Other (Attach Schedule)		170
11	Total		170
Other General and Administrative:			
12	Office Supplies		266
13	Postage		12
14	Telephone		2,570
15	Advertising		-
16	Professional Liability Insurance		(1,273)
17	Dues and Subscriptions		244
18	Other (Attach Schedule)		114,795
19	Total		116,615
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$	147,154

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE SUPPORTING DETAIL

Line No.	DESCRIPTION		
Professional Service Other:			
1	Management Consulting	\$	-
2	Medical Director		-
3	911 contract administration		-
4	Temp Staffing		-
5	First Responder Fees		-
6	Other Professional Fees		734
7	Total	\$	734
Travel and Entertainment Other:			
8	Other T&E		170
9	.....	
10	.....	
11	.....	
12	Total		170
Other General and Administrative:			
13	Public Relations		-
14	Printing		653
15	Contributions		-
16	Bank Charges		-
17	Business Licenses & Misc taxes		688
18	Misc G&A		390
19	Corporate & Regional Overhead Support		113,064
20	Total		114,795

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ 0	100%	\$ 0
2	Collection Fees	29,634	100%	29,634
3	Accounting and Auditing	0	100%	0
4	Data Processing Fees	0	100%	0
5	Other (Attach Schedule)	734	100%	734
6	Total	30,369		30,369
Travel and Entertainment:				
7	Meals and Entertainment	0	100%	0
8	Transportation - Other Company Vehicles	0	100%	0
9	Travel	0	100%	0
10	Other (Attach Schedule)	170	100%	170
11	Total	170		170
Other General and Administrative:				
12	Office Supplies	266	100%	266
13	Postage	12	100%	12
14	Telephone	2,570	100%	2,570
15	Advertising	0	100%	0
16	Professional Liability Insurance	(1,273)	100%	(1,273)
17	Dues and Subscriptions	244	100%	244
18	Other (Attach Schedule)	114,795	100%	114,795
19	Total	116,615		116,615
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 147,154		147,154

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
11	Total	
Other General and Administrative:		
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$	<u>4,504</u>
2	Amortization			<u>0</u>
3	Total		\$	<u>4,504</u>

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		<u>8,078</u>
---	--	------------------------------------	--	--------------

Building / Station Expense:

5	Building and Cleaning Supplies		<u>401</u>
6	Utilities		<u>1,118</u>
7	Property Taxes		<u>1,118</u>
8	Property Insurance		<u>0</u>
9	Repairs and Maintenance		<u>1,973</u>
10	Other (Attach Schedule)		<u>0</u>
11	Total		<u>4,610</u>

Vehicle Expense - Ambulance Units:

12	License / Registration		<u>292</u>
13	Fuel		<u>13,298</u>
14	General Vehicle Service and Maintenance		<u>10,996</u>
15	Major Repairs		<u>0</u>
16	Insurance - Service Vehicles		<u>3,895</u>
17	Other (Attach Schedule)		<u>956</u>
18	Total		<u>29,436</u>

Other Expenses:

19	Dispatch		<u>0</u>
20	Education / Training		<u>0</u>
21	Uniforms and Uniform Cleaning		<u>4,495</u>
22	Meals and Travel for Ambulance personnel		<u>0</u>
23	Maintenance Contracts		<u>1,268</u>
24	Minor Equipment - Not Capitalized		<u>1,872</u>
25	Ambulance Supplies - Nonchargeable		<u>0</u>
26	Other (Attach Schedule)		<u>1,140</u>
27	Total		<u>8,775</u>
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$ <u>55,403</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING EXPENSES SUPPORTING DETAIL

Line

No. DESCRIPTION

Building / Station Expense Other:

1	Other building/station expenses	.....	<u>0</u>
2		.....
3		.....
4		.....
5		.....
6		.....
7	Total	.....	<u>0</u>

Vehicle Expense - Ambulance Units Other:

8	Tires	.....	<u>956</u>
9		.....
10		.....
11		.....
12		.....
13		.....
14	Total	<u>956</u>

Other Expenses:

15	Medical Testing	<u>1,140</u>
16		
17		
18		
19		
20		
21		
22		
23	Total	<u>1,140</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 4,504	100%	\$ 4,504
2	Amortization	0	100%	0
3	Total	4,504		4,504
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	8,078	100%	8,078
Building / Station Expense:				
5	Building and Cleaning Supplies	401	100%	401
6	Utilities	1,118	100%	1,118
7	Property Taxes	1,118	100%	1,118
8	Property Insurance	0	100%	0
9	Repairs and Maintenance	1,973	100%	1,973
10	Other (Attach Schedule)	0	100%	0
11	Total	4,610		4,610
Vehicle Expense - Ambulance Units:				
12	License / Registration	292	100%	292
13	Fuel	13,298	100%	13,298
14	General Vehicle Service and Maintenance	10,996	100%	10,996
15	Major Repairs	0	100%	0
16	Insurance - Service Vehicles	3,895	100%	3,895
17	Other (Attach Schedule)	956	100%	956
18	Total	29,436		29,436
Other Expenses:				
19	Dispatch	0	100%	0
20	Education / Training	0	100%	0
21	Uniforms and Uniform Cleaning	4,495	100%	4,495
22	Meals and Travel - Ambulance Personnel	0	100%	0
23	Maintenance Contracts	1,268	100%	1,268
24	Minor Equipment - Not Capitalized	1,872	100%	1,872
25	Ambulance Supplies - Nonchargeable	0	100%	0
26	Other (Attach Schedule)	1,140	100%	1,140
27	Total	8,775		8,775
28	Total Other Operating Expenses (Post to Page 2, Line 15) ..	\$ 55,403		\$ 55,403

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
Building / Station Expense:		
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
Vehicle Expense - Ambulance Units:		
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
Other Expenses:		
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)				0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015 TO: December 31, 2015

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate	\$
<u>Less:</u>		
2	AHCCCS Settlement	\$
3	Medicare Settlement .....	.....
4	Subscription Service Settlement	(Post to Pg 2, Line 5)
5	Subscription Service Bad Debt .....	.....
6	Total	0
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs .....	.....
8	Sales of Subscription Service	(Post to Pg 2, Line 9) 0
9	Other Revenue	(attach schedule) 0
10	Total Subscription Service Revenue	(total of Lines 7, 8 and 9) 0
Direct Expenses Incurred Selling Subscription Contracts		
11	Salaries / Wages .....	.....
12	Payroll Taxes .....	.....
13	Employee Fringe Benefits .....	.....
14	Professional Services .....	.....
15	Contract Labor .....	.....
16	Travel .....	.....
17	Other General & Administrative Expenses .....	.....
18	Depreciation / Amortization .....	.....
19	Rent / Lease .....	.....
20	Building / Station Expense .....	.....
21	Transportation / Vehicles .....	.....
22	Other:	(attach schedule) 0
23	Total Subscription Service Expenses	(Post to Pg 2, Line 17) \$ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING REVENUES & EXPENSES

Line
No.

Description

Other Operating Revenues:

1	Supportive Funding - Local	(attach schedule)	\$	
2	Grant Funds - State	(attach schedule)		
3	Grant Funds - Federal	(attach schedule)		
4	Grant Funds - Other	(attach schedule)		
5	Patient Finance Charges			
6	Patient Late Payment Charges			
7	Interest Earned - Related Person / Organization			
8	Interest Earned - Other			
9	Gain on Sale of Operating Property			
10	Other: <u>Interest Income & Misc Revenue</u>			49
11	Other:			
12	Total Other Operating Revenues		\$	49
Other Operating Expenses:				
13	Loss on Sale of Operating Property			(138)
14	Other:			0
15	Other:			0
16	Total Other Operating Expenses			(138)
17	Net Other Operating Revenues and Expenses	(Post to Pg 2, Line 20)	\$	187

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule I
 DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1				\$		\$						\$	0.0
2													
3													
4													
5													
6													
7	TOTAL			\$		\$						\$	0.0

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

Line No.	<u>Detail of Salaries / Wages - Other Than Officers / Owners</u>				
1	MANAGEMENT:				
	Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
	Various Local Management	40 Hours/Week	x	x	N/A
	Various Regional Management	40 Hours/Week	x	x	N/A
2	AMBULANCE PERSONNEL:				
	Paramedic	56/48/40 hours/week	x		N/A
	EMT	56/48/40 hours/week	x		N/A
	Nurse	56/48/40 hours/week	x		N/A
3	OTHER PERSONNEL:				
	Various Support Staff	40 Hours/Week	x	x	N/A

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

Schedule III DEPRECIATION and/or RENT / LEASE EXPENSE AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis **	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Vehicle Rental			100%							
2	Equipment Rental			100%							
3											
4	Ambulances	Various	\$ 24,331	100%	\$ 24,331	SL	Various	-	\$ 3,917	23,312	
5	Ambulance Equipment	Various	\$ -	100%	\$ -	SL	Various	-	\$ -	-	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL										\$ 453

* Complete Description of property, date placed in service, and rent/lease amount only.
 ** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
	Service Vehicles & Accessorial Equipment Name of Payee:					
1		% \$	\$	\$	\$	\$
2						
3						
4						
	Communication Equipment Name of Payee:					
5						
6						
7						
	Other Property and Equipment Name of Payee:					
8						
9						
10						
	Working Capital Name of Payee:					
11	Various - Consolidated Financials	Various	In Corp Balances			24,433
12						
13						
	Other Name of Payee:					
14		%				
15	TOTAL		\$ 0	\$ 0	\$ 0	\$ 24,433

Post totals of Column 4 & 5 to Pg 2, Line 16

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash		\$		
2	Accounts Receivable: NET			215,590	
3	Less: Allowance for Doubtful Accounts				
4	Inventory			3,816	
5	Prepaid Expenses and Other			11,136	
6	Other Current Assets				
7	TOTAL CURRENT ASSETS				\$ 230,542
9	PROPERTY & EQUIPMENT: NET				26,175
10	Less: Accumulated Depreciation				
11	OTHER NON CURRENT ASSETS				45,281
12	TOTAL ASSETS				\$ 301,998

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable		\$	13,771	
14	Current Portion of Notes Payable				
15	Current Portion of Long-Term Debt				
16	Deferred Subscription Income				
17	Accrued Expenses and Other			5,232	
18					
19					
20	TOTAL CURRENT LIABILITIES				\$ 19,003
21	NOTES PAYABLE				
22	LONG-TERM DEBT OTHER			21,042	
23	TOTAL LONG-TERM DEBT				21,042

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock				
25	Paid-In Capital in Excess of Par Value				
26	Contributed Capital				
27	Retained Earnings				
28	Net Investment			261,953	
29					
30	Fund Balance				
31	TOTAL EQUITY				261,953
32	TOTAL LIABILITIES & EQUITY				\$ 301,998

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

1	Net (loss) Income	\$	88,907
	<i>Adjustments to Reconcile Net Income to Net Cash</i>		
	<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow		
2	Depreciation Expense		4,504
3	Deferred Income Tax		
4	Loss (gain) on Disposal of Property & Equipment		(138)
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable		187,866
6	Inventories		(1,266)
7	Prepaid Expenses and Other		2,113
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable		6,985
9	Accrued Expenses and Other		(9,089)
10	Deferred Subscription Income		
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$	279,882

INVESTING ACTIVITIES:

12	Purchases of Property & Equipment	(11,232)
13	Proceeds from Disposal of Property & Equipment	
14	Purchases of Investments	
15	Proceeds from Disposal of Investments	
16	Loans Made	
17	Collections on Loans	
18	Other	
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES	(11,232)

FINANCING ACTIVITIES:

	<i>New Borrowings:</i>		
20	Long-Term		
21	Short-Term		
	<i>Debt Reduction:</i>		
22	Long-Term		
23	Short-Term		
24	Net working capital paid to Parent	(268,650)	
25	Dividends Paid	\$	
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		(268,650)
27	NET INCREASE (Decrease) IN CASH		-
28	CASH AT BEGINNING OF YEAR		-
29	CASH AT END OF YEAR		-

SUPPLEMENTAL DISCLOSURES:

	<i>Non-cash Investing and Financing Transactions:</i>		
30	.....	
31	.....	
32	.....	
33	Interest Paid (Net of Amounts Capitalized)		24,433
34	Income Taxes Paid	\$	59,272

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